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DENGUE—YELLOW FEVER, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—We have been visited the past autumn with an ordinary, or rather an extraordinary, endemic fever, somewhat severe withal, but of short duration. It has given rise to considerable speculation among the faculty, as is but too common in such cases, and a great difference of opinion exists as to its nature, and what distinctive appellation is most appropriate to, and characteristic of, the disease. In short, we have had the *dandy yellow fever*!

A similar disease prevailed at Natchez, Miss., in 1848, and in Mobile and other cities in 1850. It has been noticed in different towns and villages of the South, and West Indies, in years past, and described under the fanciful appellations of *dengue*, *bouquet*, or *dandy fever*, an insignificant and outlandish name of unclassical and uncertain origin.

I witnessed the same at Baton Rouge in 1850, I am sure, and prescribed for a great number of cases, all of which terminated favorably—and, with here and there an exception, without any characteristic symptoms of yellow fever. I described it in my letter to you of Dec., 1850, and gave my mode of treatment, which was simple enough, and the same adopted by myself and others this season as most appropriate to the prevailing disease.

It was to all intents and purposes the dengue, whose name is legion, and, if you please, an illegitimate offspring of yellow fever, partaking now and then of some of its parent features, and, it may be, occasionally terminating in *vomito prieto*, or black vomit.

Season.—Our summer had been unusually dry and pleasant, and though there was more than an ordinary share of disease upon the plantations in the adjoining parishes, in the early part of the season, the city and villages around were particularly healthy. A few cases of ordinary febrile disease were noticed to prevail here and in the neighborhood, in the latter part of the summer, as forerunners of the epidemic, and which seemed to indicate that something severer and more general was to follow. We had no rain of consequence during the summer, and the disease, which commenced about the last of August, continued till the first and only hard rain storm, which fell late in October.

Symptoms.—The invasion, as in the Natchez epidemic—so fully de-

scribed by Dr. Stone, in the New Orleans Medical and Surgical Journal, under the caption of Yellow Fever, and to which I would direct the attention of your numerous readers, for some very peculiar features of southern epidemics—was rather sudden, and without much if any previous indisposition. Persons in good health would be abruptly seized, and in the course of a few hours prostrate, and completely delirious with fever, and racked with pain. Sometimes there would precede a slight chill, but pains in the head, eyeballs, back and loins, and always excruciating, were the chief and characteristic symptoms of the disease at the onset, succeeded by cramps in the extremities—calves of the legs especially—with general debility and *malaise*, and sometimes, not always, distress at the epigastrium, together with nausea and vomiting. The bowels were usually constipated. There was a constant disposition, in most cases, to throw the arms above the head, noticed by writers as a common symptom in yellow fever. There was soreness of the throat often, and oppression within the chest, with difficult breathing, and a hawking of mucus from the throat and bronchial tubes, which “was not an unfavorable symptom, though disagreeable to the patient,” and continued for some days after recovery—as did the pain in the back and loins, often intermittent, and of long duration in convalescence, and the last to disappear, even when the patient was otherwise well, or apparently free from the disease.

The tongue, pulse, skin, breath, urine, &c., manifested the same indications as mentioned by Dr. Stone, and the consecutive fever, where the disease was prolonged beyond the fifth or sixth day, assumed often a periodical character, intermittent, remittent, &c., requiring full doses of quinine and morphine to complete the cure.

The symptoms continued from 12 to 36 and 48 hours, when an erythematous eruption was sometimes developed, but by no means so general or common as I have witnessed in past epidemics, when all the various forms of *cutanei* were fully and beautifully represented, from the “intense blush of scarlatina to the mottled appearance of roseola, and the actual spots of *ephelis* itself.”

Hemorrhages from the mouth, bowels, &c., were occasionally noticed, while the minor symptoms in the various types of this manifest dengue, as the disease progressed, were as variable and erratic as the disease itself.

Cases.—Two of our physicians in active practice were among the earliest cases, each of them being attacked on the same day, about the last week in September, and considerably in advance of the period when the disease became general. They were comparatively mild, and had no other cases succeeded would have passed off without especial notice.

CASE III.—Soon after the above, my attention was particularly directed to the case of a young Parisian, partially acclimated, who was attacked, after much exposure, with violent fever, accompanied with great oppression of breathing, with frequent, deep and prolonged sighing, and partial coma and delirium—without manifest pain or bodily suffering—which continued some 48 hours or longer, when a slight remission occurred, with partial relief to the oppressed organs, but with constant “hawking and spitting,” and considerable nausea without vomiting, until towards the close

of the fifth day, when the symptoms became aggravated, and he died with unmistakable *black vomit*, but with few if any of the primary and well-marked signs of yellow fever, or the usual phenomena attending the commencement or early periods of this disease.

IV.—Another case, a young creole of the city, who had been exposed to the same general and exciting causes, occurred about the same time in the same family. His attack was light, and the symptoms at first of the mildest character. He was convalescent on the fourth or fifth day, but from fatigue, and anxiety at the sudden death of his associate, relapsed, and was ill with aggravated symptoms for a week or ten days longer. The treatment in this case was entirely *expectant*, and with repose and regimen, chiefly, he recovered, without any of the peculiarities or dangers incident to yellow fever.

V.—A gentleman, who has been a resident here for many years, but had just returned with his family from a visit to Kentucky, was attacked the week following in the most violent manner with high fever and delirium, and all the characteristic pains of the head, back and limbs, followed by vomiting and profuse perspiration, which continued for several hours, to the entire relief of all the morbid symptoms, and restoration to health, with partial medication only, in the course of three or four days.

VI.—A young miss, daughter of the above, who had just recovered from a well-marked intermittent of some days' continuance, and able to attend school, was seized on the first day abroad, and passed through the prevailing epidemic as regularly, and almost as mildly, as she had done in the previous disease.

VII. and VIII.—Dr. R. and his lady were seized about the same period, on the same day, the former, being a creole of the country, very lightly; the latter more violently, and with well-marked symptoms of mild yellow fever. Her case was somewhat critical, but she was restored by the judicious, though simple treatment pursued by her physician, which was uniformly found to be most suited to the disease; yet her convalescence, from personal idiosyncrasy and other circumstances, was tedious and prolonged beyond the usual period of recovery for many days.

IX.—Mrs. F. was another subject, and adds to the number of the acclimated persons who had an attack in a mild form, and who recovered without apprehension of danger, within the usual limits of the disease.

X.—Mrs. D., the wife of the Episcopal clergyman of this town, just returned from a summer trip to New York, was seized soon after her arrival with the prevailing disorder, and died at the end of the sixth day with *vomito prieto*, as reported by her physician.

XI.—I was attacked with the prevailing disease early in October, after considerable fatigue and loss of rest. At first I supposed it to be an attack of the gout, and that an old enemy, whose visits are rarely those of angels' visits, had seized me with unusual violence, and it was hard to persuade myself, even on the second or third day, that I was a subject of dengue, and suffering all the "pains and penalties" of this autumnal disease. I am sure I had the same affection, somewhat more lightly it

is true, at Baton Rouge in 1850, and what is more singular, after recovery and being abroad again a full week, attending to my professional duties, I had a relapse, and passed through the same sufferings again, only in a more severe and aggravated form. The fever and pains continued as long and obstinate as before, and called for more active remedies, and more cautious management to prevent its assuming a graver character, and passing into the "sere and yellow" *leave*—excuse an execrable pun—so often the consequence, not of dengue, but of epidemic yellow fever.

What is still more remarkable in my case, these were the first and only forms of fever I have experienced during my residence in the South, a period of more than twenty years.

XII., XIII. and XIV.—Three of my family also passed through the disease, two of them natives of the South, and one acclimated by an attack of dengue two years since. The symptoms in each case were similar, varying but little from those of the epidemic of 1850. The treatment was the same. One of the above cases, however, being constitutionally predisposed to erysipelas, exhibited marked signs of this disease, thus favoring the pathology of Dr. Waring, who says that dengue assimilates itself to three different diseases of gastro-enteric foundation, viz., gout, erysipelas and yellow fever. In other words, says he, gout may be considered dengue without eruption, erysipelas a dengue without affection of the joints, and yellow fever a dengue concentrated upon the bowels, &c.

There were several other cases, presenting the same general character and symptoms, which came under my notice, but so mild and uniform in their course and treatment that I need not trouble you with details.

Results.—As near as I can learn, there were about forty cases of the disease, and six or eight deaths. I lost but the first case, and this was the only one I saw with *vomito*, though there were several well-authenticated cases thus terminating during the prevalence of the disease.

Pathology.—The best descriptions of dengue we have seen are those published by Drs. Waring and Campbell of Georgia, and Drs. Dickson and Wragg of Charleston, S. C., in the southern medical journals; and Dr. Osgood of Havana, and Dr. Dumaesque of New Orleans, in the first volume of this Journal. Besides these there are several valuable papers upon dengue as it appeared in the West Indies in 1827–8, to be found in the London and Edinburgh Medical Journals. Practitioners of the present day will lack no guides to the full comprehension and knowledge of this singular and multiform disease, which has thus far, we believe, been limited chiefly, if not altogether, to the South.

Dr. Dickson, of Charleston, regards dengue as a *contagious eruptive disease*; while Dr. Waring, of Savannah, considers it a *gastro-enterite*. While one maintains it to be an *eruptive rheumatic fever*, another believes it to be altogether *neuralgic*. One looks upon it as the *offspring of yellow fever*, and another confidently pronounces it a mild *scarlatina*, modified by tropical climates, &c.

This discrepancy of opinion no doubt results from the fact that dengue is a disease of tropical climates, being thus far limited to yellow fe-

ver districts, and produced by the same causes which give rise to our autumnal fevers, running its course sometimes distinctly, at others being blended with every form and variety of fever, from the mildest remittent to the highest grade of yellow fever.

Dengue can hardly be regarded as a disease *sui generis*, but as a variety of miasmatic fever, whose peculiar characteristics are developed and influenced by climate, locality and other causes—and we can be the more readily reconciled to this opinion, if we keep in view the important fact that every symptom known to attach itself to any fever, may be and often is met with in the several forms of this disease.

I may add, that this disease bears a general resemblance to the epidemic *cerebro-spinal meningitis* observed at Val de Grace, "which was to a certain extent complicated with the influenza of 1847, and the cholera of 1849," reported by Dr. Levy in the *Gazette Medicale de Paris*. The precursory symptoms and the general character of the disease are similar, and *mutatis mutandis* they might well pass for the same disease. The complications in the epidemic meningitis, it is true, were more numerous and more distinctly marked, and the mortality much greater.

Treatment.—No very active treatment was demanded in this disease. A free use of warm diluents, as lemonade, boneset, &c., pediluvia, laxatives or enemata, morphia and quinine, was nearly all that was required. The disease usually terminated favorably in five or six days.

Conclusions.—1st. This endemic fever is identical with the dengue which has prevailed in the South, at different periods, for years past—in 1848 at Natchez, and in 1850 at Charleston, Mobile, Baton Rouge and New Orleans.

2d. It has been developed under the miasmatic influence which gives rise to periodic fevers.

3d. It has prevailed concurrently with yellow fever, but is distinct in its symptoms, course, lesions and mortality.

4th. It is endemic, and in its uncomplicated form may be classed with the neuralgic affections.

5th. Its true etiology is not well understood, and the contagious character of the disease so confidently insisted upon by some medical writers, is by no means conclusively established.

6th. It is limited, with few exceptions, to a single paroxysm, and may generally be regarded as a self-curing disease.

7th. It is definite in duration, and attacks all indiscriminately, young and old of both sexes, whether acclimated or not. Creoles of the place, and those who had been residents here for forty years, were equally subject to its attack, though in its mildest form. With the unacclimated it sometimes proved fatal.

8th. It has repeated its attack upon the same person, and twice in the same season.

9th. A tedious and protracted convalescence is quite a uniform characteristic of this disease.

10th. Active treatment was seldom required, and in its uncomplicated condition it was rarely fatal.

I find I was mistaken in my late communication to you in saying we seldom have, now-a-days, any of the old-fashioned fevers running their course *according to the books*, for I have since discovered that Rush has described this very form of disease under the head of "bilious remittent," well known to the common people as the *break-bone fever*, which prevailed in Philadelphia in the summer and autumn of 1780; and the curious inquirer will there find a full daguerreotype of all the prominent symptoms of this endemic disease; and, what is more remarkable, we have stumbled upon his very treatment without knowing, or recollecting, that he could do anything in such cases, but bleed and give calomel and jalap. The truth is, after all, that Rush is the *magnus Apollo* of our profession. He is to medicine what Shakspeare and Milton are to the historic, dramatic and religious world. There is little to be found elsewhere which is not preshadowed in their immortal works; thus confirming the quaint sentiment of the quaint old Chaucer:—

"Out of the old fieldes as men soith,
Cometh al this new corne from yere to yere,
And out of old bookes, in good faith,
Cometh al this new science that men lere."

Truly yours, &c., FRED. B. PAGE, M.D.

Ascension, La., December, 1852.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

SIXTEENTH LETTER.

MY DEAR FRIEND,—Most decidedly *we cannot please everybody*; and this old adage, so ingeniously presented by La Fontaine, is particularly applicable when medical science is concerned. The monkeys have brought me ill luck; I have not satisfied the experimenters, who have pretended to have inoculated them with syphilis, and I have much less satisfied those who do not believe in this pretended inoculation. However, see how mistaken I am, since I had the naïveté to think that from these two parties I merited some praise. You will see what was my error.

The young Bavarian colleague who has just inoculated his name with syphilis, has reproached us, myself and others, *of having been hasty in our conclusions upon the non-transmissibility of syphilis to animals*. However, if I count correctly, more than *twenty-four hours* have passed by since Hunter, and the time has been sufficiently long for me to reflect, and that, too, without too much precipitation.

On the other hand, the colleagues whom I respect, and who ordinarily entertain the same ideas with me, have reproached me in almost the same way. They have discovered that I have been a little hasty with the monkeys; they believe—they tell me—that I have yielded to apish tricks. My learned and able colleague of the Hospital du Midi, M. Puche, is yet in a state of perfect incredulity relative to the transmissibility of the syphilis to animals, nor does M. Cullerier, that persevering

experimenter, believe the reality of experiments which make so much noise.

What I recounted to you in my last letter, I have seen with my own eyes ; I have also told you the attenuating circumstances, which it is impossible to put to silence, however satisfied of the convictions and good faith of M. Auzias Turenne. But after having told you of this fact of the inoculation of the virulent pus from man to the monkey, all that I know of the matter, *I am astonished at the sudden and premature conclusions which our German colleague draws from the fact ;* and to speak frankly, he who exacts in others so much maturity of reasoning and reflection, has not himself offered the example. After all, the promptitude of his conclusions can be excused on the ground of the very inoculations to which he has courageously submitted himself, and which he would have been very glad not to have made uselessly.

Our German colleague makes much of this proposition : "*One single positive experiment has more value than an innumerable quantity of negative results.*" Without doubt ; but upon one condition, which is that this experiment should be positive, that it should be incontestable, and that it should present all the guarantees of certainty and exactitude, and, more than this, *that it can be repeated ;* without all this, it is worth nothing. The Academy of Science knows the value of this proposition constantly brought forward, and by which, periodically, rash and new experimenters pretend to overthrow the laws of physics. This argument has served for all human deceptions. What says the magnetologist who pretends to transport the sense of sight to the nape of the neck or to the epigastrium ? Precisely what our German colleague says—viz : one single positive experiment, &c. What says the homœopathist, who maintains that an atom of *bryonia* diluted in the immensity of the waters of the ocean can cure pneumonia ? Precisely the same thing as our German colleague.

In the physical and natural sciences, *one isolated fact is worth nothing if it is not susceptible of being repeated.* Here is what all those think who know what the philosophy of science is. Otherwise this would be the most dangerous and the most perfidious stumbling block to progress, if laborious and patient observation did not come in to prove that it was but a sophism, an error, and often only a boast. My honorable colleague and friend, M. Cullerier, ought himself to tell you what he thinks of the experiments of M. Auzias. As to myself, I have established this, that the virulent pus has been transported from man to the monkey, and from the latter it has been inoculated upon man ; nothing more, nothing less. Here is the plain fact ; afterwards comes its interpretation.

I said to you in my last letter, "*Might not the monkey have served herein only as a soil for transplantation ?*" I believe so, for here is what happens—the puncture of the inoculation which has been made upon the monkey, scarcely irritated, scarcely inflamed, and suppurating very little, although soaked in the virulent pus after it has been made, has a constant tendency to heal up, and this happens with astonishing rapidity. We do not see in the inoculation made upon the monkey that ulcerat-

ing, continued, increasing progress which is the character of the chancre upon man, especially the chancre which does not become indurated; we do not find even that period of specific *statu quo*, so tenacious, so long, which nature keeps up in man, and which he has ordinarily so much difficulty to destroy. There is never in the monkey the least phagedenic tendency; nothing which resembles the specific induration in its commencement and in its consequences. A puncture, scarcely any suppuration, a crust, and a cure! Herein are the effects of inoculation upon the monkey—and all this takes place almost as quick as one of his gestures. We see that it is for the chancre a refractory and foreign soil; the virulent seed is there exotic; in vain we take much precaution to sow it well, water it, to place it in a green-house, or under a bell; it dies before having thrown out any roots, and consequently without having given forth any fruits.

M. Auzias explains all this by the great vitality of their circulation; it would be more easy to explain it by their nature so averse to syphilitic virus, upon which I congratulate them. We can even believe that in the pustule which is produced with so much difficulty, the virulent pus serves there only as an issue-pea which irritates, causes suppuration, but is not combined with the tissues; it is mixed with the pus which is produced, that is all. It would be necessary, in fact, to be able to conclude definitely upon any other result, that the pustules produced upon the monkey were broken, that the ulcerated surfaces were frequently cleansed, in order that we should not suppose that there remained some pus of the chancre mixed up, and that we inoculated afterwards the suppuration furnished by these surfaces. We know what happens in man. We may in vain cleanse the surface of the chancres, apply to them even medicated substances; still the virulent secretion continues to be produced. As long as we shall not have carried out this experimental programme, the sole experiment which has been made will be insufficient to destroy all which has been established by serious men upon numerous and perfectly-established facts. The sole acquisition made to science, and which I am perfectly ready to recognize, is, that we can place and preserve the virulent pus upon the monkey, and afterwards make use of it to inoculate man, as one transplants a plant from one soil to another. That is all that I have seen and established, and the only deduction which I can draw from it.

Until a new order of things, then, our German colleague would be in the same condition as regards his inoculation, as if it had been made with virulent pus preserved in tubes or between two layers of glass.

This induces me to tell you what the pus inoculated upon man produces, the course which inoculation follows, and what it teaches as regards the pathology of chancre. But you inform me that my honorable colleague and friend, M. Cullerier, asks of you permission to speak. I yield to him with pleasure; we shall all gain from it.

Yours, &c.,

RICORD.

JULY 24, 1850.

To M. Amédée Latour, Editor of *l'Union Médicale*.

MUCH ESTEEMED COLLEAGUE,—There has been no talk lately, in the special hospitals, but of syphilitic inoculations made from man to the monkey—inoculations which have been pursued with so much ardor by our esteemed colleague, Dr. Auzias Turenne. This question is full of interest to me; for although certain persons do not appear to hold it of much account, everybody cannot have forgotten the numerous experiments which I made upon this subject a few years since. Satisfied with what those experiments had taught me, I was not a little astonished at the new results announced, when the last letter of M. Ricord came to give them a great value, and to furnish to experimenters a powerful lever to upset all that I have advanced. Permit me, then, to tell you my thoughts upon the facts of M. Auzias. At the time of the first exhibition, which was made in 1845, at the Academies of Science and of Medicine, as also before the Society of Surgery, of a monkey presenting upon the face the results of the inoculation of the chancrous pus taken from man, it was generally granted that these ulcerations presented all the appearance of veritable primitive chancres; borders cut perpendicularly, greyish bottom, induration at the base; nothing, in fact, was wanting, and already they ridiculed the experiments of Hunter, of Turnbull, of my father, of M. Ricord, and still of others. I was the only one that was reserved as to the nature of these ulcerations, remembering that I had produced identically similar ones upon certain patients, without an atom of virulence; and I immediately commenced a series of experiments.

I made them upon different kinds of animals, and especially upon the monkey. I inoculated either by a superficial or profound puncture, by incision, or by a solution of continuity more or less extensive. I constantly failed. M. Auzias attributed my ill success to my manner of manipulating; he told me that I went the wrong way to work. I begged him to operate himself before my eyes, but established this condition, that he should not continually trouble the wounds he should make. He operated as I did, by puncture, incision, and by excision. Like myself he suffered the virulent pus to macerate for whole days in these solutions of continuity. Two or three times he believed he had obtained a fortunate result, because a little inflammation was manifested; and in some of the punctures, a raising up of the epidermis, sometimes a purulent secretion; but soon the negative result was evident to all the world.

How do they now explain the results obtained? They say that one of the first conditions for success, is to prevent the animal from licking itself, because the action of the tongue might cleanse the wound of the inoculation. But M. Auzias does not remember that in all my experiments this precaution was taken. Let him please to read again my work, which is inserted in the first volume of the *Mémoires de la Société de Chirurgie*, and he will see that at each instant it is said that the animal was prevented from rubbing itself, and that the wound was made in such a way that the animal could not lick itself. When I gave

myself up to experimentation, I did it with as much conscience as any one, and I took all the precautions possible.

At the time when I made my researches, M. Auzias pretended that the skin of animals was endowed with much less irritability than that of man, and that in order to obtain a positive result it was necessary to have a certain amount of irritation in the part where the virus had been deposited; and heaven knows that there was no lack of irritating the points which had been inoculated both by puncture and by abrasion. This in my eyes explained very well both the delay in the cicatrization, and the appearance of the ulceration kept up by a mechanical cause. There is now no longer a question of the obtuse sensibility of the skin of the monkey; it is even pretended that it has become much more impressible to the virulence, than the human skin; but it is said that what caused the experiments to fail is the great plasticity of the blood in animals, which permits it to interpose itself between the bleeding part and the virulent matter; and in order to succeed, it is advised to constantly soak the puncture of the inoculation with the pus.

Well—what then is done? What has M. Auzias done? He has caused a solution of continuity which became inflamed, which produced pus perfectly innocent at first, but which afterwards, and that promptly, became virulent by its mixing with the pus with which the wound was constantly covered, or with that which, placed under the epidermis, or in the cellular sub-cutaneous tissue, acted like a thorn and determined in it a phlegmonous inflammation, not as specific pus, but as a foreign body. One can in this way produce successively a certain number of virulent pustules.

What became of the ulcerations upon the monkey? M. Ricord's letter does not say; it leaves us to suppose that they dried up and disappeared; so that there was only, as M. Ricord elsewhere appears disposed to admit, a simple depot of virulent matter upon the animal, which served as a vehicle between the patient of the Hospital du Midi and the courageous German colleague who submitted himself to the experiment. In a word, it is still the history of mediate contagion. The virulent pus, in place of being put upon an inert body, as in the experiments of M. Ricord, and as in some of my own, upon the mediate inoculation, the virulent pus, I say, has been placed and kept warm in the skin, or under the skin, of the monkey.

I have seen only a part of the results obtained by M. Auzias. This was the ulcerated pustules which M. Robert de Welz carried upon his arm, and which he had the goodness to show me one morning at the Hospital de Lourcine. It would have been perhaps in good taste as regards science, if M. Auzias had made me participate in all the stages of the experiment, for he well knew my former labors, in which he took an active part. Does he not know, also, that in all this I am only stimulated by the interests of science, and that I profess the highest esteem for his character and for his talent. If he makes other attempts, I shall be most happy to follow them; but in spite of what has just passed, I declare in advance, that for me there will be no true inoculation of primitive syphilis from man to the monkey, *until a*

suppurating ulceration shall be brought about, which can be washed at different times, in order to free it completely of the pus which shall have produced it, and which can be transferred afterwards either to the monkey itself or to man. Until this, it will not be possible for me to see anything but a depot, with or without production of suppurative inflammation.

This is not an exaggerated scepticism; it is a strictness of experimentation which appears to me indispensable, and which a *clinicien* of the character of my excellent colleague and friend, M. Ricord, who has accustomed us to so much accuracy in the observation of facts, and to so much logic in their deduction, will not be surprised to see me require.

Yours, &c., CULLERIER.

BIOGRAPHICAL SKETCH OF CALVIN THOMAS, M.D.

BY JOHN O. GREEN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

CALVIN THOMAS, M.D., M.M.S.S., Tyngsborough, Mass., was born in Chesterfield, Cheshire County, N. H., Dec. 22, 1765. There were twelve children, of which he was the fifth. His parents dying when he was young, he went to live with an uncle in Rowe, Mass. He subsequently worked on the farm in Chesterfield, until he was 17, then lived two years in Spencer, Mass., and learned the trade of a carpenter. This occupation was relinquished on account of ill health, and he was sent three years to Chesterfield Academy, where he acquired the rudiments of a good English education. At the age of 24 he went to Dr. Josiah Goodhue, of Putney, Vt., to study medicine. After three years of study, he practised one year with Dr. Goodhue, and then came to Massachusetts. His journey on horseback, in November, 1795, was accidentally arrested at Tyngsborough, Mass., where he directly engaged in full practice, and where he died on the 23d day of October, 1851, at the age of 86 years and 10 months, having, for more than fifty-six years, followed his profession with a fidelity and devotion worthy of all praise. In a small country town, on the borders of the Merrimack River, to this day passable in that place only by a ferry, surrounded by a sparse population, such a practice, in a circle of ten or twelve miles, demands an amount of labor, exposure, fatigue, and even of personal peril, which can be only appreciated by those similarly situated. In the midst of incessant occupation he educated fourteen students, several of whom became distinguished in their profession. He joined the Massachusetts Medical Society, under the presidency of Dr. Warren, in 1806, and for more than twenty years was one of its Counselors. In 1824, he received the honorary degree of M.D. from Harvard University. He was one year a member of the House of Representatives, and Justice of the Peace under commissions from Governors Strong, Gerry, Brooks and Lincoln.

Such is the brief history of a long and laborious life of usefulness and respectability. It resembles most closely that of a class of our aged

physicians who are silently dropping away in rapid succession, to be followed by others who, with higher privileges of education, in more refined and cultivated circles of acquaintance, may take a higher rank, but who cannot excel or even equal their predecessors in fidelity and devotion to their profession.

Dr. Thomas wrote but little for the public. He left behind him thirty large day-books or journals, in which are systematically recorded, day by day, the name and residence of every patient, the visit, the medicine prescribed, the disease or accident, and the charge for the service, with frequent notices of the weather, &c. And but very few days are there in fifty years, in which some such service was not rendered and recorded. The day preceding his last sickness, and only a week before his death, being then almost 87 years old, he successfully reduced a dislocated humerus, with only the assistance of a neighbor called in to aid him.

He was naturally zealous and enthusiastic, and followed his business with great industry and earnestness. He had great confidence in remedies—a high estimation of the resources of our art. It is easy to see that such traits would commend him to his patrons. There was no hesitation; no misgivings that the remedy would fail of its expected results: and when the case was unsuccessful, it was attributed to anything rather than the impotency of medicine.

Dr. Thomas made no pretensions to extensive medical learning. Through life he was a reader of the current books of his profession, and he had, what the best-directed education might have failed to supply, an observing mind, a good judgment, and a high sense of responsibility.

He had quick feelings. Amidst the strife of parties and the collision of rival interests, a man, so decided and active, could not be without opponents. His political and religious sympathies were strong and unyielding. Notwithstanding, the conviction that he was a *good physician* was sufficient to overcome the warmth of feeling engendered by such collisions.

In all the interests of the village of his long residence, he was active and public spirited, doing his full share for the advancement of the rising generation, in education, in temperance, in good morals, and all the virtues that adorn the citizen; and all this, long after every member of his family had been called from earthly scenes.

But to no other claims was Dr. Thomas more alive than to those of the Massachusetts Medical Society. He felt that a great honor was conferred on him in his early election as a Fellow; and when, subsequently, he became a Counsellor, he made the journey of thirty miles, before railroads were in use, with constancy and alacrity, at no small sacrifice of time and money. His jealousy of all infringement of its rules, his watchfulness of any attempt of unworthy persons to intrude themselves, his scrupulous regard for the rights of others, his delicacy in alluding to their faults and failings, were manifestations of the true spirit of the association.

In his last will he left bequests to the American Unitarian Association, to be expended for the promotion of Unitarian religion in the valley

of the Mississippi; to the President of Harvard University, for the benefit of indigent theological students in that institution, to be dispensed at his discretion; to the Unitarian Society in Tyngsborough; and one hundred dollars to the Massachusetts Medical Society, to be expended in the publication of such medical books as said Society shall order.

IMPRACTICABLE THEORIES.

[Communicated for the Boston Medical and Surgical Journal.]

THE age of theorizing and theories, simply, has quite or nearly passed; and a spirit of strict and thorough philosophical investigation has taken its place. The people, and particularly the medical profession, are becoming eminently practical. A utilitarian spirit prevails. No hypotheses or theories can be allowed a place, unless based upon and well built up by facts. No man, from a limited number of experiments, or cases which may have come under his observation, can sit down and draw out a theory—ingenious though it may be, and plausible, but mingled as theories usually are, with conjectures, certainties, and suppositions—without being liable to be called upon to enlighten the public or the profession, relative to what seems to them conflicting principles. There are doubtless things connected with the practice of hydropathy, homeopathy and the botanic systems of medicine, which are good and true; but this by no means proves these several systems to be founded and built upon a true and scientific basis. The true reason why the systems and practices of the humoralist, of the solidist, and of the vitalist, could not exist long, was because they had not sufficient facts to sustain them, and not enough even for any length of time to hide their deformities. The new theory of the motive power of the circulation (the Willardian), though defended with much skill and talent, has, as yet, failed to be established, simply for want of sufficient evidence to prove it, or facts to demonstrate it, and is now either asleep or dead.

The surgical operation which has of late claimed the attention of the medical profession—called “Hullihen’s operation,” or Miller’s operation (as may best please)—has excited considerable interest, and I trust may be productive of much good; but in order to judge correctly of the practicability of any question, or practice, the evils as well as the benefits growing out of it should be considered. The advocates of the new operation claim, I believe, that the surgeon is enabled to plug the carious tooth when the dental pulp is exposed, without pain, and preserve the vitality of the tooth. I do not quite understand how the nerves and bloodvessels can be severed, and, as in some cases stated, the dental pulp removed, without destroying the vitality of the organ. It has always been my impression that when the circulation of the nervous communication is cut off from an organ, it immediately loses its vitality, and nature soon makes effort to remove it. I cannot see why the same rule does not apply to the teeth. So far as my observation goes, it does; for when the vitality of a tooth is destroyed, nature makes effort to rid herself of it, and will do so sooner or later, either by ulceration taking place

around the fang, or by absorption. Then if the vitality of the tooth be destroyed by Miller's operation (or Hüllihen's), the organ can be in no better condition than if it had been destroyed through the carious cavity; and the only advantage gained, is that it is more convenient, and an opening is left for the discharge of pus, should any be formed. It is stated by one of the suggestors of this operation, that when the dental pulp was removed, the result "in every case, so far as known, has been as successful as when the pulp was allowed to remain;" also, that "when the pulp is removed, the teeth are not sensible to impressions from heat and cold." Now if the dental pulp can be removed by ulceration or by mechanical means, and the tooth still retain its vitality, and not be sensible to impressions from heat and cold, I must confess that the dental surgeon has made a discovery which must entirely revolutionize all our previous notions of vitality as dependent upon the nervous system and the circulation.

Dr. Miller, in the second of his reported cases found in the *Journal*, Vol. XLVII., No. 12, says, "having amputated the nerve of the cuspidatus, a query arose as to what should be done with the bicuspid having two nerves. After a moment's reflection, the drill was carried deeper, cutting off both branches, and the teeth filled without pain." If the doctor had reflected two minutes instead of one, he might have come to the conclusion that the bicuspid is furnished with but one nerve, instead of two, as a general rule—those that have two (as is sometimes the case) being *exceptions* and not the rule.

The operation requires a careful consideration and examination, before we come to the *grand* conclusion that this is the great ultimatum, long desired in dental surgery. There seems to be a tendency with some minds, in investigating a subject, to first form an opinion, and then labor to make their experiments prove their opinion correct, which leads them to receive only such results as may prove their preconceived notions. This must usually bring a wrong conclusion.

M. M. FRISSELLE, M.D.

Itstockville, Conn., Jan. 20th, 1853.

COMPOUND FRACTURE OF THE SKULL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The accompanying very interesting and instructive case of compound fracture of the skull, with depression of bone and wound of the brain, with perfect recovery, was recently received in a letter from Dr. Griswold, of West Rutland, Vt., having occurred in the practice of himself and Dr. Sheldon, with whom he is associated. By giving it a place in your *Journal*, you will much oblige
 Boston, 170 Tremont st., Jan. 20. Your obedient Serv't,
 S. PARKMAN.

The subject of this fracture was Thomas Carigon, an Irishman, and laborer in the marble quarries, 26 years of age, who received the injury Sept. 10th, 1852, by the falling of a derrick guy, which struck him on

the head. I saw the patient 25 minutes after the accident. The hemorrhage, which had been profuse, had nearly subsided; blood, mixed with small portions of brain, was oozing from the wound. The patient was insensible; respiration slow and somewhat stertorous; slow and weak pulse; paralysis of the right side, with loss of speech, but occasional low moaning. The wound presented a contused and lacerated appearance, and upon enlarging it, and laying bare the fractured and depressed portions, the appearance was such as to warrant any one unaccustomed to military surgery, to abandon the case without any farther operation. A large portion of the left parietal bone, with the squamous portion of the temporal bone, and the posterior superior third of the right parietal bone, were fractured into small pieces, except that one large piece, 3 3-4 inches long by 2 1-2 inches wide, on the top of the head, including a portion of both the right and left parietal bones, was depressed and slid under the skull, wounding the dura mater by its being carried under with the bone, and leaving a fissure anterior to the depressed bone where the dura mater could be seen, which aided us materially in removing the depressed and loose pieces, which was done without trephining. The fracture also extended forward, near to the superciliary ridge of the frontal bone. One triangular piece of the internal table penetrated the brain to the depth of 3-4 of an inch, wounding the dura mater to about the same extent. On removing this piece, the patient manifested more sensation, raised his left hand to his head, which he kept in motion by rolling it on the pillow. A small quantity of brain and blood escaped from the wound. The space left uncovered by bone, extended from about the centre of the left parietal bone, obliquely backward, including the posterior superior portion of the right, leaving an oblong, irregular cavity, of 5 1-2 inches in length by 3 1-4 in width. The fracture, extending forward, loosened the main part of the bone forming the left side of the head, but only very slightly, except at the posterior part, including a small part of the temporal bone, where was a piece 2 inches long by 1 1-2 inch in width, completely detached from the surrounding bones but firmly attached to the scalp, which was suffered to remain. The superior edge of this piece was contiguous to the space left uncovered with bone.

The flaps were brought together by suture, leaving sufficient space for the escape of matter, and dressed with water dressing. Four o'clock, 6 hours after, he continued comatose, with less moaning.

11th, 8 A. M.—Reaction coming on; bled to 12 ounces, and gave a purge of calomel. Continues moaning; restless; pulse 100 and firm. 4 P. M.—No operation. Repeated the dose of calomel. Spasms, or partial convulsions of the right, or paralyzed side. Removed the dressings, and applied cold water.

12th.—Had a free evacuation of the bowels.

The convulsions continued at intervals, varying from ten minutes to one hour, till about the fifteenth day, when they gradually subsided in severity and frequency, until the 20th, after which they subsided altogether. During this time the wound discharged healthy matter, but the left side of the head was very much swollen, pressing out the anterior in-

ferior or loosened portion of bone, so that the superior fissure or separation of the bones could be distinctly felt through the scalp. Profuse hemorrhage from the wound occurred on the 20th, which came near proving fatal. The blood was venous, and was checked by continued pressure with a pledget of lint.

As the patient recovered from the weakness occasioned by the loss of blood (the swelling of the head being greatly diminished by the hemorrhage), motion of the right side partially returned, he being able to draw up the leg and make slight motion with his toes. His speech also gradually returned, though but partially, being only able to articulate with difficulty in monosyllables. He continued to improve rapidly both in strength and speech, gradually recovered the use of the paralyzed side, and in five weeks from the time of the accident was able to leave his bed.

Nov. 13th.—He is now performing some slight labor, and enjoying a very good degree of health. His senses seem to be unimpaired. He frequently hesitates, however, in conversation, forgetting the conclusion of a sentence which he has commenced, and sometimes pronounces several words of a similarity of sound before he gets at the right one.

Jan. 3d, 1853.—The wound has completely healed, and the hair grown out, with little or no deformity, there being, however, a space of about four square inches, more or less, where the bone is entirely wanting and the cerebral pulsations seen. He has now very little inconvenience in consequence of the injury.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 2, 1853.

Drug Inspectors.—The question is not unfrequently asked—Is the country furnished with drugs of a more reliable character, than before the present United States law was enacted? And then, again, the question is apt to follow—Do the druggists and apothecaries never dilute or adulterate the articles they purchase? We cannot undertake to answer interrogatories of this kind. Those of the trade whom we have the pleasure to know, are honest men; and, as a body, the druggists and apothecaries of Boston are above any such acts of meanness. That the inspectors are vigilant officers, is admitted; and by their close attention to imports, they have been wonderfully successful in designating the good from the bad. Whatever passes the ordeal of their inspection, is unquestionably of the first quality. After the boxes, bales, bottles and bags leave their custody, their responsibility ceases. There are ingenious drug brokers in this country, and wholesale merchants, who understand as many mysterious processes for increasing weight and measure, to say nothing of quality, as in Europe, where some of the craft are expert to a proverb. The post of inspector should in every instance be given to physicians, for they alone are competent to decide grave points in regard to the quality and value of a majority of the imports denominated medicine. They are more likely to combine the qualifications of chemists and dispensing druggists in addi-

tion to their strictly medical attainments, and hence the government and people are both gainers by having such at the post of inspection. It is probable that something like an annual report will emanate from some or all of these gentlemen, before long. Dr. Bailey, of New York, has acquired a prominent reputation for his skill, science, tact and discretion at the Custom House of that port, and it would be gratifying to hear from him in this way.

Broma and Dietetic Cocoa.—Every body in New England, of course, is quite familiar with those two excellent articles of diet for invalids, broma and dietetic cocoa, manufactured by Walter Baker, of Dorchester, Mass. Some years since, the special consideration of medical practitioners was called to these preparations, as appropriate food for the sick, in the various conditions of debility and prostration to which they are at times reduced, leaving the digestive apparatus too feeble to appropriate any but the most delicate nutriment. Medical gentlemen of eminence in this city were delighted with Mr. Baker's broma; and from that period to this, its good character has been sustained. Another set of physicians have commenced business since that period, who may not have become familiar with the article; and we therefore refer again to the subject, for the purpose of reminding both our young medical friends at home and those at a distance, that they will derive important advantages from the use of these admirable kinds of food. Druggists in the interior would find their account in always keeping both on hand, with a view to meeting the prescriptions of medical attendants. From our own personal experience of the value of broma particularly, we can speak decidedly in its favor. A dietetic course is not unfrequently quite as necessary as strict medication; and in recovering from a low state, it is one of the perplexities of a general practitioner's life, to determine what may or may not be safely adopted as regimen.

Uterine Displacements.—Dr. Coale's much valued treatise on the causes, constitutional effects and treatment of uterine displacements, which first appeared in this Journal, has been published in an octavo pamphlet, and is in a convenient form for circulation. The profession will find this an important counsellor in every-day practice, from a source that commands the confidence of judicious physicians. Practical medicine is a common sense business as well as a science, and when men of observation and learning take it in hand, the world is a gainer by their labors. It would be a curious investigation to ascertain how many systems of medical practice have been put forth by persons who never engaged in the duties of a physician. There is an immense difference between curing diseases with pen and ink in an arm chair, and in visiting the victims of disease at the bed side, and studying the symptoms and circumstances of a case. Dr. Coale is a practitioner, whose written opinions and instructions are the result of careful and even laborious research at the only place where facts can be procured—the sick chamber. The originality and importance of his instruction urges us to commend this treatise to the consideration of those who are ambitious to advise judiciously that particular class of patients whose infirmities are the subject of the author's interesting disquisition.

Surgical Apparatus.—Under this term, an endless variety of mechanical contrivances are to be had here at the north, designed to remedy de-

fects, and assist nature in restoring a curved spine, a distorted limb, a weak muscle, or something else equally important to afflicted individuals. Among them may also be found ingeniously devised abdominal supporters, and pessaries without number, which strike the examiner, at first sight, as being eminently appropriate for remedying the misfortunes for which they were constructed. In the midst of these auxiliaries of external surgery, so abundant and skilfully constructed, some distinguished practitioners have dared to call their utility in question. These individuals speak freely against all kinds of apparatus, and even adduce instances in which bad was made worse under the pressure and long-continued action of springs, splints and buckles. This shows, simply, the revolutions to which the opinions even of medical men are subject. At one period, by general consent, the treatment of maladies is after a certain prescribed form, and patients recover all the while. By-and-by, a question is raised in respect to some part or the whole of the treatment, and then new theories and a complete change of medication follow, and the public sentiment goes with the professional current. Something of this kind is now evidently operating in regard to surgical apparatus generally. Even trusses, useful as they are, have their enemies. Correspondents might perhaps profitably discuss the subject; for if the opponents of these artificial aids are in error, and have magnified molehills, or overlooked the good that has been accomplished, it is desirable to have them convinced of the fact. As both medicine and surgery are progressive—the minor details must necessarily be subject to criticism, to alternate objections and praises, according to the ability, enterprize and genius of those who practise them.

Medical Matters at the West.—A correspondent in one of the Western States writes as follows:—

"I have just returned from Cincinnati, where I have been engaged in teaching the present session in the Cincinnati College of Medicine and Surgery. You may not be aware of the existence of this school, as it has gone into operation altogether too quietly for success. The organization of the *Miami College*, with Dr. Mussey at its head, has done something to hinder us. It is intended to give two courses of lectures a year, beginning in November and March.

"I was in the city at the time of the death of Dr. Drake, and attended his funeral. Perhaps no person in that city would have been more missed than the Dr. His advanced age, and his ardent devotion to the profession and to every employment of benevolence, brought him in relation with almost all classes. I am greatly surprised that no one of his cotemporaries has given a more extended obituary notice of him."

Physicians in California.—Among the countless crowd of adventurers who have been wending their way to the regions of gold at the west, physicians have gone in great numbers from the Atlantic States. Some of them, who were early on the ground, have succeeded tolerably well, but not perhaps as well as might have been expected, considering that all charges for personal service have been exorbitantly high there, from the first day the precious metal was discovered. Medicines, of all and every sort, purporting to be of value in the diseases most prevalent among the miners, have been sold at prices beyond precedent in the history of apothecaries. Quack preparations, whether in repute at home or not, have been equally saleable, and sums have been realized by active manufacturers in New

England, whose market has been all over California, that will hereafter constitute memorable anecdotes among the heirs to great estates thus obtained. The high price of drugs and medicines in California may have suggested the idea to some physicians, of becoming homœopathic practitioners. Those who announced themselves as such, have been sought with a confidence that impressed spectators with the idea that economy was thought of by both parties. It has been perhaps the most profitable system of practice there, as many have believed it to be here. Certain it is, that some who were very highly educated, and who went from Boston firm and well schooled in the regular system of practice, on reaching central points in California have raised the flag of Hahnemannism. These are perplexing events, and rather mortifying; but that the dearness of medicine has had some agency in making medical turncoats, seems quite probable.

Napping after Dinner.—"A Constant Reader" in the London Lancet lately requested advice as to the best means of overcoming the disagreeable habit of sleeping after dinner. Among the answers which his request called forth, was the following by a writer with the signature "Wide awake." The remedy is doubtless a good one; but a better one would be some active useful employment during the time mentioned.

"Direct your attendant to procure beforehand a liberal supply of the most pungent nettles, and having arranged them in a suitable form, let him apply them with an energetic hand, following you round and round the apartment until the drowsy god is entirely ousted from the dominion which he had so unwarrantably usurped over you. Allow this process to be repeated daily for some time, and I think you will find the result satisfactory."

Medical Miscellany.—Our importation of wine amounts to six millions of gallons per annum; our consumption to at least twenty millions of gallons.—At Santiago, within the last three months, 3,600 have died of the cholera, says an official report.—Havana is still afflicted with smallpox to a frightful extent.—Cases of scarlet fever are rather on the increase among us.—Cholera seems not to have entirely disappeared from the south.—There are eleven thousand five hundred physicians in France.—Smallpox has extended widely in the eastern world, and the people are dying in vast numbers.—The bills of mortality are unusually favorable for the last month in New England.

ERRATUM.—Page 529, line 2 from top, for "ten months since," read *two* months.

MARRIED.—At Philadelphia, 13th ult., Dr. Edward Shippen, U. S. Navy, to Mary Katherine, eldest daughter of Dr. J. Rodman Paul.—James R. Leaning, M.D., of New York, to Jane Helen, eldest daughter of Rev. Lewis Chesebman.

DIED.—At New Orleans, 31st December (where he had been to seek a climate more congenial to his declining health), Dr. Wallace B. Shelden, formerly of Beverly, Mass.

Deaths in Boston—for the week ending Saturday noon, Jan. 29th, 93.—Males, 44—females, 49. Accidental, 1—inflammation of bowels, 1—inflammation of the brain, 1—consumption, 16—convulsions, 3—croup, 2—dysentery, 1—dropsy, 1—dropsy in head, 5—infantile, 10—puerperal, 2—exhaustion, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 19—hemorrhage, 1—disease of the heart, 3—intemperance, 1—inflammation of the lungs, 7—congestion of ditto, 1—disease of liver, 2—marasmus, 4—palsy, 1—inflammation of the stomach, 1—teething, 3—thrush, 1—tumor, 1—worms, 1.

Under 5 years, 48—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 12—over 60 years, 11. Born in the United States, 63—Ireland, 26—England, 3—Br. America, 1. The above includes 8 deaths at the City Institutions.

American Medical Association.—The sixth annual meeting of this Association will be held in the city of New York on Tuesday, May 3, 1853.

The secretaries of all societies and other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following is an extract from Art. II of the constitution: "Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

EDW'D L. BEADLE,

One of the Secretaries, No. 42 Bleeker Street, New York.

☞ The Medical Press of the United States is respectfully requested to copy the foregoing.

Premium Tract on Tobacco.—The committee of award, Drs. Cox, Lansing and Skinner, have examined sixty to eighty manuscripts, written for the premium of \$100, offered through the American missionary association for the best tract against the use of tobacco, and have advised that, if the writers consent to certain conditions, the premium should be divided between three tracts, the writers of which are found to be Elisha Harris, M.D., of New York; William A. Alcott, M.D., of West Newton, Massachusetts; and A. H. Grimshaw, M.D., of Wilmington, Del.

Changes in the Management of the Paris Hospitals.—L'Union Médicale mentions that the great facility for travelling has so encumbered the hospitals of Paris, that measures will now be taken to make the various departments pay for the people from the provinces who are admitted into the Paris hospitals. The Central Board, which was formerly instituted merely for examining and sending patients to the various hospitals, will now be transformed into a dispensary, without detriment to its former duties; so that the poor who can be treated at their own residences may be attended to. It should not be forgotten that the municipal body of Paris contributes £350,000 to the expenses of hospitals.—*London Lancet.*

More Poisonous Fungi.—A letter from Montierender (Haute Marne) says:—"The woman who acts as cook to M. de Coucy, a retired officer, brother-in-law to Gen. Oudinot, having last week prepared some mushrooms gathered in a neighboring wood, served up the dish to her master, and partook of it herself, as well as gave a portion to a woman named Voisins, and the son of the latter, a boy of fourteen. In some hours after, symptoms of poisoning appeared, and though every aid was given, the three adult persons expired next day, the boy alone recovering."—*Id.*